DR. KATE NEWCOMB CONVALESCENT CENTER

301 ELM

WOODRUFF 54568 Phone: (715) 356-8888		Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	65	Title 18 (Medicare) Certified?	No
Total Licensed Bed Capacity (12/31/03):	65	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/03:	57	Average Daily Census:	61

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 					22.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.5	More Than 4 Years	28.1
Day Services Respite Care	No Yes	Mental Illness (Org./Psy) Mental Illness (Other)		65 - 74 75 - 84		•	98.2
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	45.6	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.8	95 & Over	8.8	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	3.5		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	17.5	65 & Over	96.5		
Transportation	No	Cerebrovascular	5.3			RNs	13.3
Referral Service	No	Diabetes	0.0	Gender	%	LPNs	3.1
Other Services	No	Respiratory	3.5			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	19.3	Male	24.6	Aides, & Orderlies	41.2
Mentally Ill	No			Female	75.4		
Provide Day Programming for			100.0				
Developmentally Disabled	No				100.0		
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Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other			Private Pay	•		amily Care			anaged Care	l		
Level of Care	No.	90	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	No.	엉	Per Diem (\$)	No.	%	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	 1	2.0	129	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.8
Skilled Care	0	0.0	0	49	96.1	111	0	0.0	0	6	100.0	162	0	0.0	0	0	0.0	0	55	96.5
Intermediate				1	2.0	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	Ο	0.0		51	100.0		0	0.0		6	100.0		0	0.0		0	0.0		57	100.0

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DR. KATE NEWCOMB CONVALESCENT CENTER

Admissions, Discharges, and		Percent Distribution	of Residents'	Condit	ions, Services, a	nd Activities as of 12/	31/03
Deaths During Reporting Period					% Needing		Total
Percent Admissions from:		Activities of	용		sistance of	% Totally	Number of
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	2.9	Bathing	14.0		42.1	43.9	57
Other Nursing Homes	44.1	Dressing	7.0		49.1	43.9	57
Acute Care Hospitals	47.1	Transferring	17.5		38.6	43.9	57
Psych. HospMR/DD Facilities	0.0	Toilet Use	21.1		49.1	29.8	57
Rehabilitation Hospitals	0.0	Eating	38.6		33.3	28.1	57
Other Locations	5.9	******	*****	****	*****	*****	****
otal Number of Admissions	34	Continence		용	Special Treatme	nts	용
ercent Discharges To:		Indwelling Or Extern	al Catheter	8.8	-	piratory Care	10.5
Private Home/No Home Health	0.0			68.4		cheostomy Care	1.8
Private Home/With Home Health	2.9	·		64.9	Receiving Suc	-	3.5
Other Nursing Homes	17.6	·			Receiving Ost		1.8
Acute Care Hospitals	2.9	Mobility			Receiving Tub	-	1.8
Psych. HospMR/DD Facilities	0.0	Physically Restraine	d	10.5		hanically Altered Diets	61.4
Rehabilitation Hospitals	0.0	. <u> </u>			3	-	
<u> </u>	14.7	Skin Care			Other Resident	Characteristics	
Deaths	61.8			1.8	Have Advance	Directives	75.4
otal Number of Discharges		With Rashes		0.0	Medications		
(Including Deaths)	34				Receiving Psv	choactive Drugs	21.1

	This Other Hospital-		All			
	Facility	Based F	acilities'	Facilties		
	용	용	Ratio	용	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	93.8	90.1	1.04	87.4	1.07	
Current Residents from In-County	52.6	83.8	0.63	76.7	0.69	
Admissions from In-County, Still Residing	17.6	14.2	1.25	19.6	0.90	
Admissions/Average Daily Census	55.7	229.5	0.24	141.3	0.39	
Discharges/Average Daily Census	55.7	229.2	0.24	142.5	0.39	
Discharges To Private Residence/Average Daily Census	1.6	124.8	0.01	61.6	0.03	
Residents Receiving Skilled Care	98.2	92.5	1.06	88.1	1.12	
Residents Aged 65 and Older	96.5	91.8	1.05	87.8	1.10	
Title 19 (Medicaid) Funded Residents	89.5	64.4	1.39	65.9	1.36	
Private Pay Funded Residents	10.5	22.4	0.47	21.0	0.50	
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00	
Mentally Ill Residents	49.1	32.9	1.49	33.6	1.46	
General Medical Service Residents	19.3	22.9	0.84	20.6	0.94	
Impaired ADL (Mean) *	59.3	48.6	1.22	49.4	1.20	
Psychological Problems	21.1	55.4	0.38	57.4	0.37	
Nursing Care Required (Mean)*	10.3	7.0	1.47	7.3	1.41	